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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10527779 | <b>Applicant(s)/Patent Under Reexamination</b><br>GIGI, ERCAN FERIT |
|   | <b>Examiner</b><br>Vijay B Chawan          | <b>Art Unit</b><br>2626   |

| ORIGINAL           |                                   |          |     |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|-----|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |     |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 704                |                                   | 207      |     |     |  | G                            | 1 | 0 | L | 11 / 04 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 704                | 211                               | 208      | 258 | 267 |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        | 3     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        | 4     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        | 5     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 4        | 6     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        | 7     | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 6        | 8     | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        | 9     | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        | 11    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       | 12    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       | 10    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       | 13    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       | 14    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |          |                             |                   |
|---|----------|-----------------------------|-------------------|
| NONE  |          | Total Claims Allowed:<br>14 |                   |
| (Assistant Examiner)                              | (Date)   |                             |                   |
| Vijay B Chawan/<br>Primary Examiner.Art Unit 2626 | 10-19-10 | O.G. Print Claim(s)         | O.G. Print Figure |
| (Primary Examiner)                                | (Date)   | 1                           | 2                 |